



2021-22 Thornton Twisters Gymnastics Team Payment Contract

☐ Resident

☐ Nonresident

☐ Compulsory 3 (917150)

☐ Compulsory 4 (917160)

☐ Optionals 1 (917170)

☐ Optionals 2 3 4 (917180)

☐ Boys (917190)

Guardian: Last Name _____ First Name _____

Child: Last Name _____ First Name _____

Home Address _____ City _____ ZIP _____

Email _____ Telephone _____

I hereby agree to the following payment plan for the Thornton Twisters Gymnastics Team.

\$ _____ will be charged to my credit or withdrawn from my debit card on the third of each month starting _____

Final payment will be withdrawn on July 3, 2022.

If the third of the month falls on a weekend or holiday, the withdrawal will be made on the next business day. **If your child will be missing a month of gymnastics, it is your responsibility to notify the Gymnastics Specialist. Otherwise, you will be charged for the month that you will be missing.**

Credit/Debit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ CVV _____ Billing Zip Code _____

I hereby acknowledge that I shall remain liable to pay the entire remaining amount for the re-enrollment in the program should any card be rejected.

I have read and agree to the payment plan.

Signature _____ Date _____

Date Processed _____ Processed _____